



# BODY STRESSING—RISK MANAGEMENT CHECKLIST

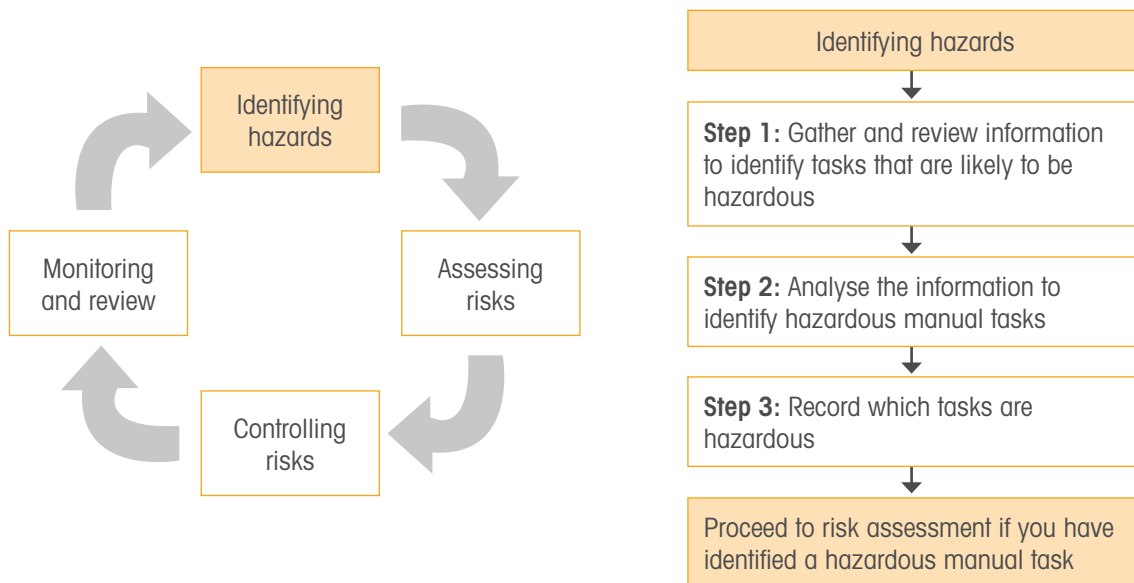
## BODY STRESSING—RISK MANAGEMENT CHECKLIST

This checklist is designed to assist managers, workplace health staff and rehabilitation providers with identifying and addressing risks of body stressing injury<sup>1</sup>.

Risk management is the primary tool used to prevent workplace injury and disease.

The aim of OHS risk management is to reduce the likelihood and consequence of a workplace incident that may result in injury or disease. Apart from legal obligations to provide a healthy and safe workplace, it makes good business sense to effectively manage health, safety (and welfare) hazards.

Simply put, OHS risk management is the systematic application of management policies, procedures and practices in the following four steps:



Source: National code of practice for the prevention of musculoskeletal disorders from performing manual tasks at work (2007)

<sup>1</sup> This checklist is not intended to teach practitioners how to conduct a risk assessment, for information on the full risk management process refer to Comcare's Code of Practice 2008, Part 1.

## RISK MANAGEMENT OF BODY STRESSING INJURIES IS MULTI-FACTORIAL

Soft tissue injuries that arise from repetitive movement or manual tasks are among the most prevalent of all injury types. These injuries are referred to as body stressing injuries and account for nearly half of all compensable workplace injuries in the Comcare scheme.

While these injuries were thought to be caused by physical risks such as repetitive movement, poor postures and manual tasks, recent research has confirmed that personal factors and the quality of the work environment—including work organisation, workplace support and cohesion—also influence the risk of body stressing injuries. Effective risk management therefore needs to address the full range of risks. For example, providing an ergonomic workstation assessment will not necessarily be sufficient to prevent the risk of a body stressing injury if a person is experiencing significant workplace conflict.

## MULTI-FACTORIAL RISKS OF BODY STRESSING

Sources of increased risk		Biomechanical risk factors		
		Repetitive awkward postures Sustained awkward postures	High force Jerky and unexpected forces Speed and force	Frequency Repetition Duration
	Work and task design	Risk of MSD <sup>2</sup>	Risk of MSD	Risk of MSD
	The physical working environment	Increased risk of MSD	Increased risk of MSD	Increased risk of MSD
	Systems of work, work organisation and work practices	Increased risk of MSD	Increased risk of MSD	Increased risk of MSD
	The psychosocial working environment	Increased risk of MSD	Increased risk of MSD	Increased risk of MSD
	Individual characteristics	Increased risk of MSD	Increased risk of MSD	Increased risk of MSD

## USING THE CHECKLIST

The checklist on page 5 provides a summary of known risk factors that may be present in your workplace. Many of these risks are not physical and you will need to go beyond the immediate work environment to identify actual or potential problems and to provide effective solutions. The checklist provides a series of possible indicators and risk reduction options that you may consider. It is not an exhaustive list, however it will provide you with a broad range of potential risk factors to consider.

## WHEN TO USE A RISK ASSESSMENT

You can use this checklist as a guide during OHS audits, assessment of new tasks or work processes, and in consultation with employees to identify potential risks of body stressing injury during organisational change. Triggers for its use may be:

- > a change to an existing work area or system
- > introduction of a new work area or system
- > introduction of new employees into a work area or system
- > a pattern of incidents or anecdotal reports of physical issues or work conflict
- > occurrence of injury.

2 Musculoskeletal disorder (MSD)—is an injury or disease of the musculoskeletal system that arises in whole or part from undertaking manual tasks in the workplace, whether occurring suddenly or over a prolonged period of time (National Standard for Manual Tasks 2007)

When it comes to the work environment, it is essential that all parties in the workplace are involved in identifying risks and control mechanisms. Employees can be the best source of suggestions for positive change as they are in a position to know what is going wrong, and frequently know how to improve the work culture or systems. Consultation between all parties involved is a key component of any risk management strategy.

### **BODY STRESSING RISK IDENTIFICATION CASE STUDY 1—COMCARE**

The Comcare Workplace Health Team recently received several internal incident notifications. Some employees were being supported at work with existing musculoskeletal conditions and their team was experiencing workload challenges that needed review.

Workplace Health increased the level of rehabilitation support to those employees with injuries and mentored their team leaders to review work practices and duties.

A consultant occupational therapist was engaged to review the work practices of the team concerned. These assessments provided information regarding:

- > the team's perceptions of their work practices and environment
- > actual work practices, duties and outputs
- > patterns of leave use.

Helping both the team leaders and other employees understand some of the factors that influence the experience of body stressing symptoms was an important part of the intervention. Work practices were reviewed to ensure that all employees felt supported to take breaks and get up from their desks.

Through the assessments, the occupational therapist promoted healthy work practices, reviewed the adequacy of each employee's software break scheduling and made recommendations regarding specialised ergonomic equipment required.

The team leaders recognised they could implement four key changes:

- 1) be more present in the team environment
- 2) allocate existing resources appropriately to address peaks in workload demand
- 3) make an active effort to 'check in' with the team
- 4) enable each employee to work on specific areas of interest in their work allocation.

These changes have ensured that the team feels able to manage the workload. It has also ensured that each employee takes reasonable work breaks and moves from their desk more often. Everyone in the team participated in finding solutions and therefore felt more valued and supported.

### **BODY STRESSING RISK IDENTIFICATION CASE STUDY 2—SERVICE PROVIDER AGENCY**

The OHS team at a medium-sized service provider agency had recently noted one employee's increased absenteeism from the workplace. The manager discussed this issue with the employee. The employee reported feeling overworked and explained that while she worked part time, she felt committed to finishing the project work she was tasked with. The employee also mentioned that she had been experiencing pain in her arms and that this was the reason for the majority of her recent absences.

The manager reviewed the number of days the employee had been absent, the type of work she was doing and the number of hours she was working. The manager also looked into the assistance available for completing the project work in the set timeframes.

Discussions between the OHS team and the employee also revealed the employee's perception that she needed to work longer hours, that she felt stressed at work, and that she had experienced some conflict with her manager.

It was further identified that the employee had been given a higher duties allowance while completing the project she was allocated. The increase in pay made the employee feel obligated to perform well and deliver results on time. She reported being concerned that due to her part time hours the work would not be completed. As a consequence, she had been working from home on a laptop even though there was no formal arrangement for this in place.

The OHS team at the agency implemented the following control measures to address the identified risks:

- > An approved rehabilitation provider was engaged to assist.
- > A workstation assessment was conducted and appropriate ergonomic changes made.
- > Due to the employee's body stressing symptoms, a graduated return to work program was implemented with support including extra assistance from other staff with the project work, removal of access to working from home until the symptoms subsided, and close monitoring of working hours.
- > The employee and manager participated in a conflict resolution process to improve communication between both parties.
- > A plan was made to ensure if the employee was provided with approval to access to work at home that a home workstation assessment be conducted.

The outcome of this risk identification and control process was that the employee gradually returned to her pre-injury work hours. An absence management process was not required. Instead, the injury management process ensured that the employee and manager developed and sustained an improved working relationship.

### **BODY STRESSING RISK IDENTIFICATION CASE STUDY 3—CENTRELINK**

Centrelink conducted an analysis of their body stressing injury claims and identified that while injury rates were declining, costs remained high and complex cases were not resolving. Further analysis showed these types of injuries were often associated with psychosocial risk factors or barriers to return to work. A strategy was developed to identify these factors so that suitable targeted interventions could be implemented to remove the barriers to return to work and decrease the severity of long-term claims.

Centrelink reviewed evidence about the psychosocial factors associated with body stressing injuries and decided to trial the Orebro Musculoskeletal Pain Questionnaire (Orebro)<sup>3</sup>. Two, six-month trials were established in two states. The screening tool was administered and the answers analysed and scored by a qualified rehabilitation provider. Those employees with high scores were considered higher risk of slow recovery and poor return to work outcomes. Based on the answers to the screening tool, interventions were developed and tailored to the individual. These interventions included an option of up to six sessions of pain management or cognitive behavioural therapy to target the individual psychosocial barriers. Organisational barriers identified were also targeted at the workplace with managers, team leaders and case managers as required.

Interventions were developed for six employees with high scores during the trials. These employees achieved a 100 per cent return to work rate. This shows that despite the low number of employees involved, the results were promising.

Centrelink concluded that the psychosocial questionnaire was a useful addition to their early intervention model. It has enabled better targeted early interventions and reduced the severity and recovery period of injury for potential complex workers' compensation claims.

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3 Linton, S. J. and Hallden, K. (1998). Can we screen for problematic back pain? A screening questionnaire for predicting outcome in acute and subacute back pain. *Clinical Journal of Pain*, Vol. 3: 209-215.

Following this trial Centrelink identified the following future better practice actions:

1. Develop an early intervention model to include screening tools to identify potential barriers to return to work.
2. Identify rehabilitation providers who can deliver appropriate interventions or treatment based on the screening tool results.
3. Develop preferred intervention models to ensure consistent interventions from treating providers.
4. Assist business lines who may not have suitable rehabilitation providers available to implement appropriate interventions.
5. Assess the capability of employees to ensure they can undertake a rehabilitation program.
6. Develop a suitable reporting/recording system to monitor and evaluate each rehabilitation program.
7. Consider alternate screening questionnaires such as the Pain Self Efficacy Questionnaire.

### BODY STRESSING—RISK MANAGEMENT CHECKLIST

	Risk factors	Indicators/measures of risk	Risk reduction options
<b>Direct physical risk factors</b>	Repetitive or sustained application of force e.g. lift/push pull <input type="checkbox"/>	Poor work area design and layout	Redesign work processes, areas and workstations to eliminate or minimise risky movements, postures and forces
	Repetitive or sustained awkward posture <input type="checkbox"/>		
	Repetitive or sustained movement <input type="checkbox"/>	Complaints of pain and discomfort from workers	Supply ergonomically designed equipment appropriate to the task
	Application of high force <input type="checkbox"/>	Incident notifications/workers' compensation figures—single incidents or trends	Provide mechanical aids to eliminate or reduce load handling
	Exposure to sustained vibration <input type="checkbox"/>		Improve task variety and/or implement task rotation to reduce individual exposure
	Handling loads that are unstable, unbalanced, difficult to grasp or in awkward positions i.e. high, low or in a small space <input type="checkbox"/>		Manual handling education
<b>The physical working environment</b>	Cold <input type="checkbox"/>	Temperatures outside and reported comfort levels	Protect workers from sources of heat, cold or wind i.e. personal protective equipment (PPE)
	Heat <input type="checkbox"/>		
	Humidity <input type="checkbox"/>		
	Application of high force <input type="checkbox"/>	Complaints from workers	Ensure workers take regular rest breaks in a thermally comfortable environment
	Wind <input type="checkbox"/>		Allow workers to acclimatise to hot conditions
	Lighting <input type="checkbox"/>		Schedule work to avoid extreme conditions
			Provide adequate lighting for the task

	Risk factors	Indicators/measures of risk	Risk reduction options
Systems of work, work organisation and work practices	Pace of work and time constraints <input type="checkbox"/>	High levels of leave or absence with no replacement	Ensure workforce planning and budgeting for appropriate level of staffing
	Little latitude for workers to influence workload or work methods <input type="checkbox"/>	High levels of injury or incident notification High flex balances, overtime levels, leave levels, absenteeism and presenteeism	Design processes to allow self-pacing where practicable Perform a training needs analysis and implement appropriate training as required to ensure employee proficiency
	Low levels of resources, training and guidance available <input type="checkbox"/>	High employee reported stress levels/ low engagement and satisfaction levels (from staff surveys)	Regularly review workloads, prioritise tasks, and define performance quality expectations
	High job demands (cognitive or emotional) <input type="checkbox"/>	High employee turnover	
	Low job clarity/conflicting or ambiguous roles <input type="checkbox"/>	Training records reflect inadequate or out of date training High levels of EAP usage	Improve task variety, increase flexibility in the performance of jobs and/or implement job rotation to increase variety
	Inadequate task variation <input type="checkbox"/>	Employee complaints of being overworked and not coping	Involve workers in decision making that effects their work
	Inadequate maintenance or lack of scheduling <input type="checkbox"/>	Complaints of lack of management support Structure for reporting of bullying/harassment/equity issues unclear	Ensure clear roles, responsibilities and accountability are set with current duty statements that reflect employee's work
	Long hours/shifts/overtime Inadequate breaks <input type="checkbox"/>	Audits of maintenance records show poor timeliness/adherence	Ensure adherence to maintenance schedules

	Risk factors	Indicators/measures of risk	Risk reduction options
<b>The psychosocial working environment</b>	Unsupportive/inadequate leadership or poor Performance management <input type="checkbox"/>	Conflict within and between teams and with managers	Focus on recruiting and developing supportive leaders with strong people management skills
	High levels of conflict or unacceptable behaviour <input type="checkbox"/>	Lack of clear policy/agreement on acceptable behaviour	Strengthen HR systems for addressing workplace conflict, bullying and harassment and employee induction, development and guidance
	Inadequate communication and consultation <input type="checkbox"/>	Absence of effective procedures for preventing and managing conflict	Implement a 360 degree structured performance system
	Inadequate change management <input type="checkbox"/>	HR information from exit surveys, Harassment Contact Officer usage, HSR reports	Implement formal career planning and pathways
	Poor workplace culture <input type="checkbox"/>	Poor performance management systems or application	Implement comprehensive systems ensuring top-down, bottom-up and cross-functional communication and consultation occurs
	Poor job security <input type="checkbox"/>	Lack of systems ensuring timely and appropriate communication occurs in all directions	Implement change management strategies with a focus on leadership, management support for employees and provision of information regarding proposed changes
<b>Individual characteristics</b>	Pre-existing injury or medical conditions <input type="checkbox"/>	Resistance to change/high levels of employee turnover in times of change	Ensure all employees have access to ergonomic adaptations as necessary
	Ageing workforce <input type="checkbox"/>		Use targeted pre-employment screening or testing for specific job requirements and address potential issues raised
	Poor employee health and fitness <input type="checkbox"/>	Medical screening of employees indicating low levels of fitness, poor health or pre-existing injury	Implement workplace health and wellbeing programs and initiatives
	High perceived stress levels <input type="checkbox"/>	High levels of absenteeism	Provide employee health checks to highlight current health status
	Poor employee resilience <input type="checkbox"/>	Poor return to work rates	Provide employee support mechanisms such as EAP, flexible conditions and resilience training
	Fatigue <input type="checkbox"/>		